

HIV/AIDS

	2000 <u>Actual</u>	2001 <u>Appropriation</u>	2002 <u>Estimate</u>	2002 Est. +/- <u>2000 Actual</u>	2002 Est. +/- <u>2001</u>
INDIAN HEALTH SERVICE					
Total Program Level	\$3,770,000	\$4,078,000	\$4,164,000	+\$394,000	+\$86,000
(FTE).....	(15)	(15)	(15)	0	0

	2000 <u>Actual</u>	2001 <u>Appropriation</u>	2002 <u>Estimate</u>
Risk Assessment & Prevention Surveys			
1. HIV Surveys.....	\$985,000	\$1,220,000	\$1,261,000
Information & Education/Preventive Services			
1. High Risk and Infected Persons			
a. Hlth. Educ./Risk Reduction ..	535,000	535,000	535,000
b. Counseling, Testing & Partner Notification.....	<u>222,000</u>	<u>229,000</u>	<u>239,000</u>
Subtotal.....	757,000	764,000	774,000
2. Special Minority Initiatives....	773,000	794,000	776,000
3. School and College Aged Youth			
a. Program Devel. & Training...	222,000	229,000	239,000
4. General Public & Special Prog.			
a. Regional, State, & Local.....	812,000	841,000	875,000
5. Health Care Workers & Providers			
a. Other Types of Training.....	<u>222,000</u>	<u>229,000</u>	<u>239,000</u>
Subtotal, Info. & Educ./Preventive Services.....	<u>2,785,000</u>	<u>2,858,000</u>	<u>2,903,000</u>
Total.....	<u>\$3,770,000</u>	<u>\$4,078,000</u>	<u>\$4,164,000</u>

PURPOSE AND METHOD OF OPERATION

The Public Health Service (PHS) mission for addressing Acquired Immune Deficiency Syndrome (AIDS) and the Human Immunodeficiency Virus (HIV) epidemic is to prevent further spread of the HIV virus; to provide effective therapies for those already infected; to enhance the capacity of the Nation's public and private organizations at the national, state, and local levels to deliver effective prevention, treatment, and related health care programs to all citizens. To achieve the PHS HIV/AIDS mission, the IHS has implemented programs that include components of risk assessment, education, and prevention to health care workers and American Indian and Alaska Native communities, and treatment of those that have progressed to AIDS and HIV infected persons. Surveys are conducted (questionnaire) that answer questions about what people know about HIV and AIDS.

ACCOMPLISHMENTS

Surveillance

As of June 2000, the IHS has reported 2,234 AIDS cases in AI/ANs.

New HIV infection cases average 120 per year for males. The female HIV infection rate continues to climb and will not stabilize for several more years. Last year there were 33 new female HIV infections. This year there are 50 new HIV infections. The surveys of prenatal, sexually transmitted diseases (STD), and alcohol and drug abuse treatment programs have proved the presence of the virus in virtually all remote Indian communities.

Each IHS Area Office has one full or part-time HIV/AIDS Coordinator that networks with their respective State epidemiologist regarding HIV/AIDS in AI/ANs to enhance surveillance, prevention and treatment efforts. All programs must meet State-reporting requirements. Information is shared with the States and the Centers for Disease Control and Prevention. IHS has one National AIDS Coordinator in Headquarters.

High Risk or Infected Persons

More than 2,000 health care workers in IHS and tribal programs are trained as HIV counselors. This includes substance abuse counselors and mental health program staff.

Risk assessment behavior screening is continuing among women seen in prenatal and other clinics. Similar screening is being done on STD and tuberculosis patients.

With the increased public awareness of the HIV virus, more individuals are seeking counseling and requesting HIV testing. IHS is providing approximately 5,000 voluntary confidential tests annually.

Prevention Services

The IHS AIDS Program is focusing prevention activities in special groups, such as women, tribal leaders, school age youth, community leaders at specific community events such as feasts, pow-wows, schools, health fairs, and rodeos.

Special Emphasis - Urban Prevention Program

The Urban Indian Health programs received a special appropriation of \$646,000 in FY 1993 for AIDS education and prevention services. Urban Indian programs now provide testing for high-risk individuals. Some continue to participate in the IHS surveillance.

The programs have developed culturally appropriate HIV Prevention materials, and have identified available resources for care. Initially, the 34 urban Indian programs limited their activities to public awareness campaigns, but are now involved in part-time HIV outreach, intervention, and referral activities for high risked persons.

School and College Age Youth

Limited data suggest that American Indian and Alaska Native youth continue to engage in unprotected sex at an early age. Surrogate data such as teen pregnancy and STD rates support this position. IHS provides AIDS Prevention/Risk Reduction services to all reservation-based schools, school boards, and educators, as well as Teen Clinics, Youth Substance Abuse Treatment Centers, and other youth organizations. Regular training sessions are offered to the Bureau of Indian Affairs school administrators, teachers, and school board members. IHS personnel are participating in school health programs and curriculum development.

Local Programs - Community Awareness

The IHS has provided AIDS Prevention/Risk Reduction services to all AI/AN communities. Nearly all of the IHS service population has heard or seen an AIDS education message. Communities have established local task forces to encourage greater community involvement and to assist lifestyle changes.

Health Care Workers

The local service units maintain continuing medical education programs on HIV prevention for all health care workers. The IHS also provides training on universal precautions and implementation of Center for Disease Control ACTG Protocol 076 to prevent transmission of HIV from infected mothers to uninfected newborn.

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